Certificate of Eligibility (COE) for Health Insurance Enrollment for International Scholars at Lawrence Berkeley Laboratory

Use this form to demonstrate eligibility to enroll in either Saylor&Hill Repatriation/Medical Evacuation Insurance (International Group Services) or the Kaiser Individual Health Plan. **This form must be mailed with the Saylor & Hill or Kaiser enrollment application.** Failure to do so will delay processing of health insurance coverage.

- 1. Complete top portion of this form. A certified advisor must sign this form. Please provide your IAP-66 form or equivalent, your passport, and the passports of all the family members you wish to enroll.
- 2. Read the "enrollment procedures and information" sheet for either Saylor&Hill or Kaiser and fill out the appropriate insurance enrollment application. The names on the insurance enrollment application <u>must</u> match the names listed on this form.
- 3. Submit this form along with your completed insurance enrollment application to the IRSO group (Building 65) or to the appropriate administrator for verification.

Scholar's name:		Passport	Passport expires:		
	(last)	(first)			
Arrival date in U.S. (I-94):		Visa statu	s: Visa is	Visa issued on:	
IAP-66 valid:	to	Othe	r Visa document:	to	
this time <u>and</u> you v	wish to enroll them in h	nealth insurance. If	ed in <u>only</u> if they are in they are arriving at a la of their arrival to enroll	ter date, you must	
	Name(s) of De who are here w	_	Visa Status	Arrival Date	
Legal Spouse Children (under age 19)					
ime scholars or th	eir dependents can enro	oll in Saylor&Hill	first arrival date at LBL or Kaiser is during Febru in order to enroll any fa	ary Open Enrollment.	
The above named or Kaiser.	person(s) is/are eligible	e to enroll in either	Saylor&Hill Evacuation	n/Repatriation Insurance	
For information pl	ease call the following	daytime phone #:_			
CERTIFICATION	OF ELIGIBILITY:				
	(Signature of Author	rized Insurance Advisor	Date	